

ceased, and the wound healed about the catheter in a few days. For a day bile was allowed to drain freely through the catheter. Then it was possible to clamp it, without external drainage of bile. The patient's stools, which since operation had been "clay-colored," once more became brown.

The balloon catheter was employed for cholangiography later, using iodized oil, with a picture interpreted as showing a filling defect at the ampulla. Hence, Pribram's<sup>2</sup> method was followed in an attempt to dissolve a possible common-duct stone, without severe reaction, but without help in biliary flow as indicated by a later cholangiography. The second instillation of another type of iodized oil was followed by a severe febrile reaction and suppression of bile (possibly due to free iodine present).

Second-stage operation was done on June 17, 1937, by Dr. Philip K. Gilman and Dr. Liston. T-tube drainage of the common duct was done after exploration and dilatation of the papilla failed to show any stone. Recovery was fairly prompt, as was healing of the sinus after removal of the T-tube on July 4, and of the tube draining the gall-bladder (which had been preserved for a possible cholecystenterostomy) one week later.

The patient has been free of biliary attacks ever since, though she does present a consistently increased blood sedimentation speed.

#### COMMENT

Nothing original is claimed in this report other than the use of a balloon catheter to effect temporary closure of an external biliary fistula in a poor surgical risk, shunting the flow of bile into the duodenum until such a time as the patient's condition was improved and able to stand a second-stage operation.

The balloon catheter has appeared in many guises: obstetrical, urological, anesthetic, and gastro-intestinal, but so far as a moderate search reveals, this is the first use of it for a biliary fistula. It would seem reasonable that it might be used in intestinal fistulae as well, possibly also for drainage of empyema cavities.

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#### HIPPOCRATES' APHORISMS\*

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#### SECTION TWO (Continued)

11. It's easier to sustain the sick  
With liquid food than with a thick.
12. The remnants of disease, alack,  
Oft harbor dangers of setback.
13. The night before a crisis, as a rule,  
The patient feels discomfort and distress;  
The night that comes thereafter is quite likely  
To bring the patient comfort, more or less.

<sup>2</sup> Pribram, B. O.: *New Methods in Gall-Stone Surgery*, Surg., Gynec. and Obst., 60: 55, (Jan.), 1935.

\* For other aphorisms, see *CALIFORNIA AND WESTERN MEDICINE*, March, 1940, page 125; April, 1940, page 179.

14. If the quality of feces shows changes,  
It can be viewed as a propitious sign,  
Unless the change is definitely bad;  
Then it portends a dangerous decline.
15. When throat is sore and lumps form on the  
body,  
Secretions should be watched: if they are  
bilious,  
The trouble is systemic, and is serious;  
If they are normal, it's safe to feed the sick.
16. To a patient who is feeble, wan and spent,  
Harsh treatments can bring only detriment.
17. When more food than is proper has been  
taken.  
It's likely to occasion a disease;  
The treatment used to bring about a cure  
Will demonstrate and prove this with great  
ease.
18. The food which easily assimilated  
Produces residue as fast eliminated.
19. In acute disease one cannot tell  
Whether the sick will die or will get well.
20. Those who had loose bowels, when quite  
young  
Turn to be constipated in old age;  
While persons constipated in their youth,  
Get looser bowels at a later stage.
21. Drinking strong wine  
Makes appetite decline.
22. Repletion must be treated by depletion,  
And vice versa; thus each morbid state  
Is best checked by reverse condition.
23. Acute diseases reach their height  
Not later than in a fortnight.
24. There are some days "indicative" in illness  
Which help to judge the course of a disease.  
These are: the fourth, the eighth, also  
eleventh,  
And seventeenth—use them as indices.
25. Most summer quartan fevers clear up fast,  
But those of fall and winter tend to last.
26. It's safer for the patient when a fever  
Succeeds to a convulsion: the reverse  
Sequence makes the prognosis so much worse.
27. Improvements in disease, which are not stable,  
Cannot be trusted, as they seldom last;  
Alike, fear not irregular bad symptoms,  
As mostly they are passing and vanish fast.
28. It does not augur well, if in a serious fever  
The patient keeps his weight or loses fast:  
The first condition means protracted illness;  
The latter that the patient may not last.
29. If purging's indicated, have it done  
In early stage of illness; do not wait  
Until the crisis starts, since at that time  
The body should be kept in a restful state.

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